MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00322

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]-51

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural near Denton
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) ANDREW

4. DATE OF DEATH: (Month) JAN. (Day) 18 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Feb. 18, 1868

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Wyatt

14. MOTHER'S MAIDEN NAME: Eliza Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Ormond Andrew, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	an hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arterio sclerosis	6 years
	(c) DUE TO	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1942, to Jan 18, 1953, that I last saw the deceased alive on Jan 18, 1953, and that death occurred at 6:30 P.m. from the causes and on the date stated above.

SIGNATURE Paul Knotts M.D. (DEGREE OR TITLE) ADDRESS Denton Md DATE SIGNED Jan 19-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan. 21, 1953

NAME OF CEMETERY OR CREMATORY Denton

LOCATION (City, town, or county) Denton, Md. (State)

DATE REC'D BY LOCAL REG. 1/20/53

REGISTRAR'S SIGNATURE M D O'Leary

24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton, Md. ADDRESS

RECEIVED
JAN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00323

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro — LENGTH OF STAY (in this place) 1 Week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print)	(First) John	(Middle) A.	(Last) Cherry	4. DATE OF DEATH:	(Month) 1	(Day) 1	(Year) 53 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 12/30/1872	9. AGE last birthday: 80 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Cherry		14. MOTHER'S MAIDEN NAME: Jane Douglas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Ola Cherry Queen Anne, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arteriosclerotic Cardiovascular Disease

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec. 2, 1952, to Jan. 1, 1953, that I last saw the deceased alive on Jan. 1, 1953, and that death occurred at 7:30 P.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Charles H. Streamfer M.D. Greensboro Maryland 1/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 1/4/53	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. Jan. 4 - 1953	REGISTRAR'S SIGNATURE L. Mae Lippin	24. FUNERAL DIRECTOR R. B. Rawlings	ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible]51

RECEIVED
JAN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00324

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bridgeville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Leroy (Middle) Reservelt (Last) Le Cates
4. DATE OF DEATH (Month) Jan. (Day) 23rd (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 24-32
9. AGE last birthday 20 yrs. If under 1 year Months 3 Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer - Du Pont - Lyons
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bridgeville. Del.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Leroy Le Cates
14. MOTHER'S MAIDEN NAME Florence Bebee - Del.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Identification Card Bridgeville "

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822 X Immediate cause (a) Fractured Cervical Vertebrae - Shock — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Rural Denton (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Lost Control of Auto, it turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Newton D. George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 1/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 25th 53
NAME OF CEMETERY OR CREMATORY Bridgeville Cem.
LOCATION (City, town, or county) Bridgeville (State) Del.
DATE REC'D BY LOCAL REG. 1/23/53
REGISTRAR'S SIGNATURE Wm. D. George
24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
JAN 27 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60325

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hillsboro
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hillsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) JENNIE (Last) MILLER

4. DATE OF DEATH: (Month) JAN (Day) 19 (Year) 19 53

5. SEX: F **6. COLOR OR RACE:** C **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** Dec. 18, 1876 **9. AGE last birthday:** 76 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook **10b. KIND OF BUSINESS OR INDUSTRY:** home **11. BIRTHPLACE** (State or foreign country): Maryland **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: not known **14. MOTHER'S MAIDEN NAME:** not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** - **17. INFORMANT & ADDRESS:** Miss Anna B Bryant, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	a month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerosis	10 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 40, to Jan 20 53, that I last saw the deceased alive on Jan 20 53, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Paul Booth M D Denton Md 1/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** Jan. 23 1953 **NAME OF CEMETERY OR CREMATORY** Sandtown **LOCATION** (City, town, or county) (State) near Hillsboro, Md.

DATE REC'D BY LOCAL REG. 1/23/53 REGISTRAR'S SIGNATURE Imo O George **24. FUNERAL DIRECTOR** J. Virgil Moore Son, Denton Md ADDRESS

VS. A15 51

RECEIVED
JAN 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00326

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro
LENGTH OF STAY (in this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) Jean (Last) Mitchell

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4/26/1932
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Bright
14. MOTHER'S MAIDEN NAME: Anna Hutson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-28-3738
17. INFORMANT & ADDRESS: Vernon Mitchell Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

154X

Immediate cause (a) Adenocarcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

Antecedent cause(s) (b) Carcinoma Right Ovary c — 5 months

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) peritoneal metastases

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1951 Adenocarcinoma Rectum
19b. MAJOR FINDINGS OF OPERATION: Aug 1952 - Carcinoma Rt. Ovary.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Jan 13, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 2:55P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Robert Howard Wright MD Greensboro Md. Jan. 15, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/16/53
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 1/16/53
REGISTRAR'S SIGNATURE A. Clark Smith
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible]51

RECEIVED
JAN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
LENGTH OF STAY (in this place) 21 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 53

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2/24/1911
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Greensboro, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fletcher Warner
14. MOTHER'S MAIDEN NAME: Gertrude Coston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-01-5029
17. INFORMANT & ADDRESS: Melvin Nichols Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden.
DUE TO
Antecedent cause(s) (b) Essential Hypertension
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE Charles H Pruefer M.D. (DEGREE OR TITLE) ADDRESS Greensboro, Md DATE SIGNED Jan. 31 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/30/53
NAME OF CEMETERY OR CREMATORY Cokers
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. Jan. 30-1953
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Hartford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) S (Last) Parsons

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 26, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Collins
14. MOTHER'S MAIDEN NAME: Hulda Littleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Larry Baker, 723 Warren St. Havre De Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 511.1

Immediate cause (a) acute gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH 4 days.
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis and hypertension — 4 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1953, to Jan 24, 1953, that I last saw the deceased alive on Jan 24, 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE E. Paul Knotts (DEGREE OR TITLE) MD ADDRESS Denton Md DATE SIGNED 1/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan 29, 1953
NAME OF CEMETERY OR CREMATORY Whatcoat Meth. Cem.
LOCATION (City, town, or county) (State) Snow Hill, Md.

DATE REC'D BY LOCAL REG. 1/27/53
REGISTRAR'S SIGNATURE Wm D. G. George
24. FUNERAL DIRECTOR Dennis Funeral Home ADDRESS Snow Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH: COUNTY CAROLINE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHOPTANK
LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHOPTANK
STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HARRINGTON (Last) PRICE
4. DATE OF DEATH (Month) JAN. (Day) 22 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MARCH 7, 1889
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN
10b. KIND OF BUSINESS OR INDUSTRY FISHING
11. BIRTHPLACE (State or foreign country) TALBOT CO. MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM J. PRICE
14. MOTHER'S MAIDEN NAME CLARA HARRINGTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY No. 220-32-9809
17. INFORMANT AND ADDRESS MRS. FANNIE PRICE, CHOPTANK, MO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Melanotic Sarcoma of Liver	1 month +
12+ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melanoma of eye	1 yr +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION December 1952
19b. MAJOR FINDINGS OF OPERATION as above
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to Jan. 22, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE William C Harrison MD (Degree or title) ADDRESS Hurlock Md. DATE SIGNED 1/23/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JAN. 24, '53
NAME OF CEMETERY OR CREMATORY SPRINGHILL CEMETERY
LOCATION (City, town, or county) EASTON, MARYLAND (State)
DATE REC'D BY LOCAL REG. Jan. 24, 1953
REGISTRAR'S SIGNATURE Cornelia D. Plummer
24. FUNERAL DIRECTOR W. Frampton Carroll Jr. ADDRESS EASTON, MO.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
LENGTH OF STAY (in this place): 9 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) William (Last) Shively

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/28/1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Feed Store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Feed Store

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Shively

14. MOTHER'S MAIDEN NAME: Sarah Bickart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-4436A

17. INFORMANT & ADDRESS: Noble Shively Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis Cardio-Vascular-Renal	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diabetes Mellitus	20 years
	(c)	

260X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1953, to Jan. 15, 1953, that I last saw the deceased alive on Jan. 15, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Robert S. Wright M.D. Greensboro Md. Jan 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/19/53 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: Jan 18, 1953 — REGISTRAR'S SIGNATURE: Mary E. Laird

24. FUNERAL DIRECTOR: R.B. Rawlings — ADDRESS: Greensboro, Md.

00330

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) WAPLES

4. DATE OF DEATH: (Month) JAN (Day) 30, (Year) 19 53

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb 26, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Waples
14. MOTHER'S MAIDEN NAME: Mary [unknown]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Walter Waples, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 years ±

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1945, to Jan 30, 1953, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE E Paul Smith (DEGREE OR TITLE) MD ADDRESS Denton Md DATE SIGNED 2/2/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb 2, 1953
NAME OF CEMETERY OR CREMATORY Springrove
LOCATION (City, town, or county) Denton Md. (State)

DATE REC'D BY LOCAL REG. 2/2/53
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J Virgil Moore & Son ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

RECEIVED
FEB 5
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00331

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
LENGTH OF STAY (in this place): 75mYrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED: (First) Arzie (Middle) (Last) Whittington

4. DATE OF DEATH: (Month) 1 (Day) 9 (Year) 53

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married

8. DATE OF BIRTH: 4/1/1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Laboror

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: ? Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-07-6302

17. INFORMANT & ADDRESS: Marie Boyce Ridgely, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Chronic Nephritis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic Cardio Vascular Disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Residual Hemiplegia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1952, to Jan. 9, 1953, that I last saw the deceased alive on Jan. 8, 1953, and that death occurred at 7:40 A.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Claude V. Stevenson M.D. ADDRESS Greensboro Maryland DATE SIGNED 1/10/53.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/12/53	Groce Burial Ground	Ridgely, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 11, 1953	Mary C. Laird	R.B. Rawlings	Greensboro, Md.

RECEIVED
JAN 13 1953
BUREAU V. S.